

Part 2 never received 3/13

State Well Report

Part 1

For Office Use Only:

County: Jackson
 Permit #: _____
 Driller: Coast Water Wells, Inc.
 Date drilling completed: 5-1-08

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601) 961-5210
 (601) 354-6938 (fax)

Aquifer: _____
 Well #: N-1034
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>William Flowers</u>	Latitude: <u>30° 25' 868"</u> Longitude: <u>088° 52' 608"</u>
Mailing Address: <u>Lorraine Cir</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>
<u>Biloxi MS 39532</u>	USGS quad, <u>SE 1/4 SW 1/4 Sec 18 Twn 77S Rng R9W</u>
City State Zip Code	Distance <u>12</u> Miles Direction <u>EAST</u> Nearest Town <u>D'Iberville</u>
Telephone No. <u>(228) 826-5040</u>	

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 5-1-08 Date well drilling completed: 5-1-08

If flowing, method of flow regulation: Valve N/A Other (describe) _____

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 5-1-08

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 262 FT Well depth: 262 FT Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 252 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .004 inches Setting depth: From 252 feet to 262 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: N/A feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): N/A

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Jack Ridgdell 0-472
 Print Name of Water Well Contractor and License No.

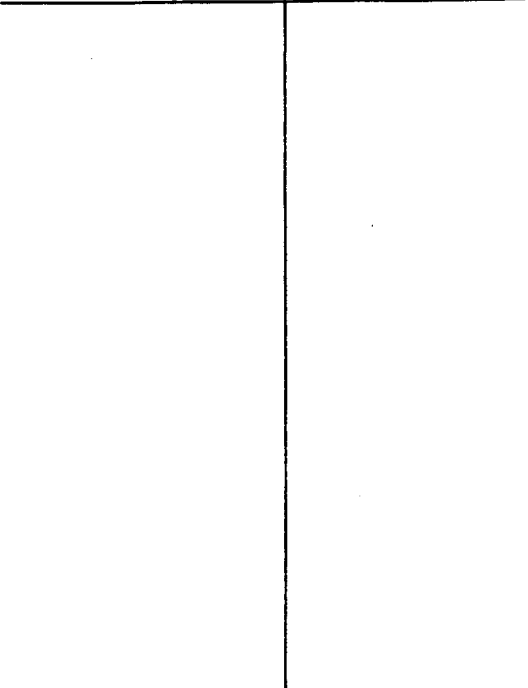
Jack Ridgdell
 Signature of Water Well Contractor

RECEIVED
 MAY 14 2008
 BY: OLWR

N-1034

If well telescopes please sketch below and show depths.

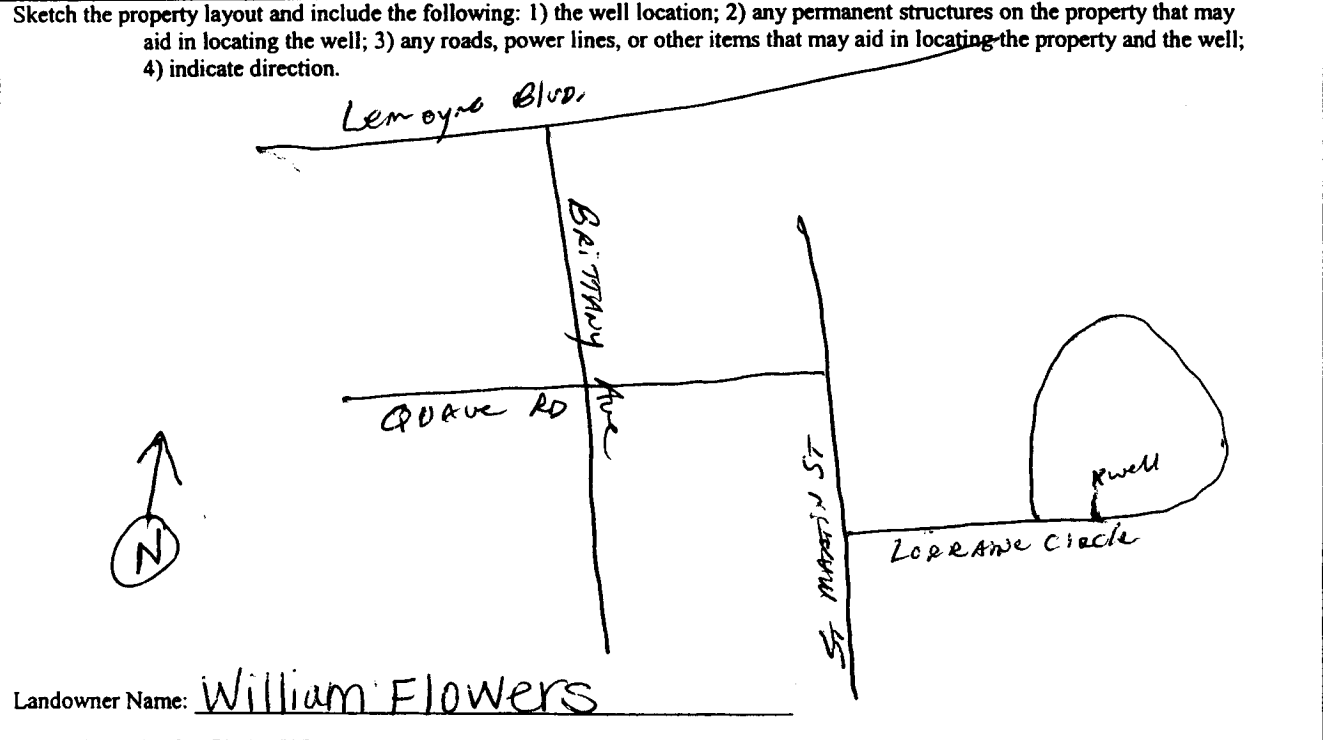
Ground Level



Description of Formations Encountered	From	To
Topsoil	0	2
Gray clay	2	18
White, coarse sand	18	30
Blue clay	30	351
Gray medium sand	351	362

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Jack Rofler
Signature of Water Well Contractor

RECEIVED
MAY 14 2008
BY: OLWR